

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>MS</i>		
O.I.P.E. CLASSIFIER	<i>PH</i>		<i>3/10</i>
FORMALITY REVIEW	<i>H.S.</i>	<i>866</i>	<i>05.22.01</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

Claim	Date
Final Original	
1	✓
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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